U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Family Report

Form HUD-50058, Family Report, applies to the following programs: Public Housing; Indian Housing; Section 8 Rental Certificates, including Manufactured Home Spaces; Section 8 Rental Vouchers; and Section 8 Moderate Rehabilitation

Note: Each program will complete only pages 1 thru 4 plus subpage 5 which is applicable to the pertinent program (i.e., one of pages 5a thru 5f), and page 6, if applicable.

Additional instructions are contained in the MTCS Form HUD-50058 Instruction Booklet. Copies of this Instruction Booklet are obtainable from the MTCS Web page (http://www.hud.gov/pih/systems/mtcs/pihmtcs.html).   Users without Internet access can obtain copies of the Instruction Booklet from the MTCS Hotline: Call 1-800-FON-MTCS (1-800-366-6827) (this is a toll-free number.)

Abbreviations:

TANF = Temporary Assistance to Needy Families

FmHA = Farmers' Home Administration

FMR = Fair Market Rent, set by HUD

FSS = Family Self-Sufficiency program

HA = Housing agency including public or Indian housing

HAP = Housing Assistance Payment

HUD = US Department of Housing and Urban Development

IGR = Independent Group Residence, with continual supportive services

mm/dd/yyyy = date, in numbers, like 12/14/1993

Mod Rehab = Moderate Rehabilitation

No. = number

OMB = US Office of Management and Budget

Sec. = a numbered section of a law or federal regulation, usually in the US Housing Act of 1937

SRO = Single Room Occupancy

SSI = Supplemental Security Income

SSN = Social Security Number

TIN = Taxpayer Identification Number, for businesses

TTP = Total Tenant Payment

Major Definitions:

Disabilities: A person with disabilities is one who:

(a) has a disability as defined in section 223 of the Social Security Act;

(b) is determined to have a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes his/her ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions; or

(c) has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act.

Note: Includes persons who have the acquired immune deficiency syndrome (AIDS) or any condition that arises from the etiologic agent for acquired immune deficiency syndrome.

Effective date -- For new admissions and portability move-ins: effective date of lease. For reexaminations and interim reexaminations: date any rent change would take effect. For end of participation: see next entry.

End Participation or **Portability Move-out**: Fill lines 1a thru 1h, 2a (type 5 or 6) and 2b. Also fill out for Head of Household only: lines 3a thru 3p. This information is needed to remove tenant from HUD's active data base. Line 2b will show when the family stopped receiving any HUD subsidy or changed from Sec.8 to or from Public and Indian Housing, or used portability to move to the jurisdiction of another housing agency and the initial HA sent the family's records there.

Head: A family may pick as the head any adult in the household who is wholly or partly responsible for paying the rent. If someone in the household is 62+ or has disabilities, extra allowances are gained by picking this person or his or her spouse as the head. These deductions are on lines 8h thru 8k.

Mixed Family: A family that contains both eligible and ineligible family members who may be subject to prorated rent under the Noncitizens rule.

New Admission: First joining a housing agency's Public or Indian Housing program, or rejoining after an interruption of at least 1 month, **or** first joining the Sec.8 program, or rejoining Sec.8 after an interruption of at least 4 months. Changes between Sec.8 certificates and vouchers do not count as new admissions, but changes to and from other Sec.8 programs do.

Other Subsidy: (as used in lines 11k and 12j) Units which have another subsidy, not Sec.8, Public or Indian Housing. These other subsidies include Sec.236, Sec.221(d)3 BMIR, Sec.202, Farmers Home Administration Sec.5l5.

Portability: Involves a family who was issued a Sec.8 certificate or voucher by one housing agency and finds a unit in the jurisdiction of another, which handles housing inspections and payments. The term portability applies even if the receiving agency absorbs the cost.

HA Use Only	Social Security Number	Date modified (mm/dd/yyyy)

Family Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval Number 2577-0083
(expires 7/31/2000)

1. Agency

1a. Agency Name		1a.
1b. HA State		1b.
1c. HA Number		1c.
1d. Program (P = Public Housing CE = Sec. 8 Certificates VO = Sec. 8 Vouchers MR = Mod Rehab MC = Mod Rehab Converted to Certificate B = Indian Housing)		1d.
1e. Project State, if different from 1b (Public/Indian Housing only)		1e.
1f. Project/Originating HA Number if different than 1c (Public/Indian Housing only)		1f.
1g. Project Number (Public/Indian Housing only)		1g.
1h. Site Number or suffix, if applicable (Public/Indian Housing only)		1h.

2. Action

2a. Type of action 1 = New Admission 2 = Annual Reexamination 3 = Interim Reexamination 4 = Portability Move-in 5 = Portability Move-out 6 = End Participation 7 = Other Change of Unit 8 = FSS Enrollment or Exit only	2a.
2b. Effective date of action (mm/dd/yyyy)	2b.
2c. Date of admission to program (mm/dd/yyyy)	2c.
2d. Projected effective date of next re-exam, if other than 12 months from effective date of action (mm/dd/yyyy)	2d.
2e. FSS participant now or in the last year? Y or N	2e.
2f. Use if instructed by HUD	2f.
2g. HA Use Only	2g.

3. Household

3a. Head of Household Member Number 01	3b. Last Name & Sr, Jr, etc.		3c. First Name		3d. MI	3e. Date of Birth		3f. Age on effective date of action
	3g. Sex	3h. Relation **H**	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number	3p. Alien Registration Number A-

3a. Member Number 02	3b. Last Name & Sr, Jr, etc.		3c. First Name		3d. MI	3e. Date of Birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number	3p. Alien Registration Number A-

3a. Member Number 03	3b. Last Name & Sr, Jr, etc.		3c. First Name		3d. MI	3e. Date of Birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number	3p. Alien Registration Number A-

3a. Member Number 04	3b. Last Name & Sr, Jr, etc.		3c. First Name		3d. MI	3e. Date of Birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number	3p. Alien Registration Number A-

3a. Member Number 05	3b. Last Name & Sr, Jr, etc.		3c. First Name		3d. MI	3e. Date of Birth		3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number	3p. Alien Registration Number A-

Codes:

3h. Relation: F = foster child/foster adult   A = other adult   IN = ineligible noncitizen   2 = Black   4 = Asian/Pacific Islander
H = head   Y = other youth under 18   **3i.   Citizenship:**   PV = pending verification   3 = American Indian/   **3m. Ethnicity:**
S = spouse   E = full-time student 18+   EC = eligible citizen   **3k. Race:**   Alaska Native   1 = Hispanic
K = co-head   L = live-in aide   EN = eligible noncitizen   1 = White   2 = Not Hispanic

Conventions:

All fields that require the entry of a date **must** include the 4-digit year. Enter the date in any standard format (i.e., "MM/DD/YYYY"). You must enter the year in its entirety.

"/" means "or" unless otherwise noted.

Monetary figures: enter only whole dollar amounts. Do not show cents, commas, or dollar signs.

Rounding: round each monetary amount up when a number is .50 or above; down when a number is .49 or below.

Reserved: HUD may have future directions about how to use these lines. Reserved lines are placeholders for anticipated future changes.

Calculation column is a scratch area where Housing Agencies may perform manual calculations.

Leave blank any line(s) or item(s) that do not apply unless this form instructs otherwise.

1.	Agency

Line 1a: Name of the Housing Agency (HA) that completes the family's form HUD-50058.

Line 1b: Two-character postal code that indicates the State where the reporting HA is located.

Note: See the Federal Standard State Codes, Instruction Booklet Attachment 1, for a list of State postal codes.

Line 1c: Three-digit number HUD assigned to each HA.

Line 1d: Rental housing assistance program in which the family participates.

Note: Enter the code from left to right in the boxes provided. If there is only 1 letter to enter, complete the first box only; if there are 2 letters to enter, complete both boxes.

Line 1e: State in which the project is physically located, if different from the HA State indicated in line 1b.

Line 1f: Three-digit number of the HA to which the project was originally assigned.

Line 1g: Official three-digit number that identifies each project.

Note: If the project number contains zeroes, enter the zeroes on the form.

Line 1h: Three-digit site number or suffix code that HUD assigned to the project site, if applicable.

2.	Action

Line 2a: Report the type of action. Use the applicable code.

Line 2b: Date (mm/dd/yyyy) the reported action becomes effective.

Note: The effective date cannot be earlier than the date of admission to the program.

Line 2c: Date (mm/dd/yyyy) the HA initially admitted the family into the program reported in line 1d.

Line 2d: Scheduled date (mm/dd/yyyy) for the next annual re-exam if other than 12 months from the current report's effective date of action.

Line 2e: Indicate whether or not the family participated in the FSS program in the last 12 months.

Note: Only complete and submit the FSS Addendum if the family is currently enrolled in FSS or if the family exited the FSS program and did not complete the FSS Exit Form at that time.

Line 2f: Use this line if instructed by HUD; otherwise, leave blank.

Line 2g: HAs may use this line for any information they wish to collect.

3.	Household

Note: Complete for each member of the household.

Line 3a: Member Number identifies the individual listed on that line of the form. You **must** list Member Number 01 as the Head of Household. List the spouse or co-head as Member Number 02. If there is no spouse or co-head, list other household members beginning with Member Number 02.

Line 3b: Last name of each household member listed. Include name suffixes, such as Sr., Jr., III.

Line 3c: First name of each household member listed.

Line 3d: Middle initial of each household member listed.

Note: If no middle initial, leave blank. If more than 1 middle initial, enter only one.

Line 3e: Date of birth for each household member listed.

Note: Include all four digits of the year.

Line 3f: Age of each household member listed on the effective date of action.

Note: Use whole years only.

Line 3g: Gender of each household member listed.

Line 3h: Code that best categorizes the position or role of each household member listed.

Line 3I: Code that indicates each household member's U.S. citizenship status.

Line 3j: Indicate whether or not the household member listed is disabled.

Line 3k: Code that best indicates each household member's race.

Line 3m: Code that best indicates each household member's ethnicity.

Line 3n: Nine-digit Social Security Number (SSN) the Social Security Administration assigned to each household member. If no SSN, enter 999999999.

Line 3p: A seven, eight, or nine-digit number preceded by the letter A that pertains to one person or one document only.

Note: If the alien registration number has seven digits, enter two zeros before the alien registration number. If the alien registration number is eight digits, enter one zero before the alien registration number. If the alien registration number is nine digits, enter the number without a leading zero. Do not enter the letter A in any case.

Head of Household Name	Social Security Number	Date modified (mm/dd/yyyy)

3. Other Household Members

3a. Member Number	3b. Last Name & Sr, Jr, etc.		3c. First Name		3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number	3p. Alien Registration Number A-

3a. Member Number	3b. Last Name & Sr, Jr, etc.		3c. First Name		3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number	3p. Alien Registration Number A-

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	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number	3p. Alien Registration Number A-

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	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number	3p. Alien Registration Number A-

Codes:

3h. Relation:
H = head
S = spouse
K = co-head

F = foster child/foster adult
Y = other youth under 18
E = full-time student 18+
L = live-in aide
A = other adult

3i. Citizenship:
EC = eligible citizen
EN = eligible noncitizen
IN = ineligiblenoncitizen
PV = pending verification

3k. Race:
1 = White
2 = Black
3 = American Indian/ Alaska Native
4 = Asian/Pacific Islander

3m. Ethnicity:
1 = Hispanic
2 = Not Hispanic

3q. Continued on an additional sheet?   Yes ☐   No ☐

3. Other Household Members

Note: **Use this page if there are more than 5 household members.**

Line 3a: Member Number identifies the individual listed on that line of the form.

Line 3b: Last name of each household member listed. Include name suffixes, such as Jr.

Line 3c: First name of each household member listed.

Line 3d: Middle initial of each household member listed.

Note: If no middle initial, leave blank. If more than 1 middle initial, enter only one.

Line 3e: Date of birth for each household member listed.

Note: Include all four digits of the year.

Line 3f: Age of each household member listed on the effective date of action.

Note: Use whole years only.

Line 3g: Gender of each household member listed.

Line 3h: Code that best categorizes the position or role of each household member listed.

Line 3I: Code that indicates each household member's U.S. citizenship status.

Line 3j: Indicate whether or not the household member listed is disabled.

Line 3k: Code that best indicates each household member's race.

Line 3m: Code that best indicates each household member's ethnicity.

Line 3n: Nine-digit Social Security Number (SSN) the Social Security Administration assigned to each household member. If no SSN, enter 999999999.

Line 3p: A seven, eight, or nine-digit number preceded by the letter A that pertains to one person or one document only.

Note: If the alien registration number has seven digits, enter two zeros before the alien registration number. If the alien registration number is eight digits, enter one zero before the alien registration umber. If the alien registration number is nine digits, enter the number without a leading zero. Do not enter the letter A in any case.

Line 3q: Indicate whether or not additional household member information is included on an additional sheet of paper as an attachment to the Form.

Head of Household Name	Social Security Number	Date modified (mm/dd/yyyy)

3r.	Total number in household	3r.

3s.	Family subsidy status under Noncitizen rule: **C** = Qualified for continuation of full assistance **E** = Eligible for full assistance **F** = Eligible for full assistance pending verification of status **P** = Prorated assistance **T** = Temporary deferral of termination	3s.

3t.	Effective Date (mm/dd/yyyy) if 3s = C or T	3t.

3u.	If new head of household, former head of household's SSN	3u.

4. Family Background at Admission

4a.	Date (mm/dd/yyyy) entered waiting list	4a.
4b.	ZIP code before admission	4b.
4c.	Homeless at admission? Y or N	4c.
4d.	Does family qualify for admission over the very low-income limit? Y or N	4d.

5. Unit to be occupied on Effective Date of Action

5a. Unit address

Number and street		Apt.
City	State	ZIP code (+4)	

5b. Family's mailing address, if different from unit address

Number, street, or PO Box		Apt.
City	State	ZIP code (+4)	

5c.	Number of bedrooms in unit	5c.
5d.	Is this one of the units that the HA has identified as an accessible unit? (Public/Indian Housing only) Y or N	5d.
5e.	Has the family requested accessibility features? (Public/Indian Housing only) Y or N (If no, skip to 5g.)	5e.

5f. Has the family received the requested accessibility features? (Public/Indian Housing only)

☐ a. Yes, fully   ☐ b. Yes, partially   ☐ c. No, not at all   ☐ d. Action pending (can be checked in combination with b. or c.)

5g.	Date (mm/dd/yyyy) unit last passed inspection (Section 8 only)	5g.
5h.	Date (mm/dd/yyyy) unit last inspected (Section 8 only)	5h.

(Other Household Members continued)

Line 3r: Total number of people in the household. Count all persons, including live-in aides and foster children/adults, irrespective of citizenship status.

Note: The total number in the household should equal the number of individuals listed separately in each line numbered 3a.

Line 3s: Code that indicates the housing assistance eligibility for the family based on the Noncitizen rule.

Line 3t: If line 3s displays status codes (C) or (T), enter the effective date (mm/dd/yyyy) of that status.

Line 3u: The former Head of Household's Social Security Number (SSN), if applicable. If no SSN, enter 999999999.

4.   Family Background at Admission

Line 4a: Date (mm/dd/yyyy) the HA placed the family on the waiting list for the program under which they currently receive housing assistance.

Note: This date must not be **later** than the effective date of action.

Line 4b: Indicate the 5-digit ZIP code where the family lived before admission to a rental assistance program.

Line 4c: Indicate whether or not the family was homeless at time of program admission.

Line 4d: Indicate whether or not the family qualifies for program admission even though their income exceeds the very low-income limit.

5.   Unit to be occupied on Effective Date of Action

Line 5a: Complete address of the housing unit that the household occupies on the effective date of action.

Note: Include the Number and street, Apt., City, State, and ZIP code.

Line 5b: Complete address where the family receives mail if different from the unit address.

Note: Include the Number, street, or PO Box, Apt., City, State, and ZIP code.

Line 5c: Total number of bedrooms in the unit occupied by the household on the effective date of action.

Note: If the unit is an efficiency or Single Room Occupancy, enter 0 (zero).

Note: If two or more families share the unit, enter the number of bedrooms in the **entire** unit.

Line 5d: Indicate whether or not the HA designated the unit that the household occupies as an accessible unit.

Line 5e: Indicate whether or not the family requested disability amenities or accessibility features.

Line 5f: Indicate the status of the family's request for disability amenities and/or accessibility features.

Line 5g: The last date (mm/dd/yyyy) the unit passed a formal Housing Quality Standards (HQS) inspection.

Line 5h: The last date (mm/dd/yyyy) the unit underwent a formal Housing Quality Standards (HQS) inspection.

Head of Household Name	Social Security Number	Date modified (mm/dd/yyyy)

6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Calculation (HA Use)	6d. Cash value of asset	6e. Anticipated Income	
				$	$	
				$	$	
				$	$	
				$	$	
				$	$	
				$	$	
				$	$	
				$	$	

6f,6g. Column Totals	$ 6f.	$ 6g.

6h. Passbook Rate (written as decimal)	0. _____ 6h.

6i. Imputed Asset Income: 6f X 6h (if 6f is $5,000 or less, put 0.)	$ 6i.

6j. Final Asset Income: Larger of 6g or 6i	$ 6j.

7. Income

7a. Family Member Name	No.	7b. Income code	7c. Calculation (HA Use)	7d. Dollars per year	7e. Adult Earned Income Excluded (if any) Public/Indian Housing only	7f. Income after Earned Income Exclusion (7d - 7e)	7g. Earnings Deductions (if any) Public/Indian Housing only	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	
				$	$	$	$	

7h, 7i, 7j Column Totals	$ 7h.	$ 7i.	$ 7j.

7k. Reserved

7m. Total Annual Income: 6j + 7i	$ 7m.

7b: Income code

P = pension	S = SSI	G = general assistance	I = Indian trust/per capita
B = own business	F = Federal wage	W = other wage	N = other nonwage sources
SS = social security	T = TANF (formerly AFDC)	C = child support	
M = military pay	HA = HA wage	U = unemployment benefits	

6.	Assets		7.	Income

Note: Use a separate line for each family member and asset source.

Note: Use a separate line for each family member and income source.

Line 6a: Family member name and Member Number indicated in line(s) 3a that corresponds to the asset information reported.

Line 7a: Family member name and Member Number indicated in line(s) 3a that corresponds to the income information reported.

Line 6b: Any asset that has a dollar value and/or provides a source of income to the person listed in column 6a.

Line 7b: Code that represents the type of income the family member receives.

Note: See the form HUD-50058 Instruction Booklet for a detailed explanation of what can and cannot be listed as an asset.

Note: See the form HUD-50058 Instruction Booklet for a detailed description of each income code.

Line 6c: HAs may use this column to perform asset calculations.

Line 7c: HAs may use this column to perform income calculations.

Line 6d: Estimated, known, or calculated dollar value of the asset listed.

Line 7d: Annual income amount the family member earns from the income source listed.

Line 6e: Total amount of income the family member expects to receive in the next 12-month period from the asset listed.

Line 7e: Amount of income excluded from a family member's total annual income, if applicable.

Line 6f: Total of the values listed in columns 6d.

Note: See the form HUD-50058 Instruction Booklet for a detailed description of Adult Earned Income exclusions.

Line 6g: Total of the values listed in columns 6e.

Line 7f: Total annual income of the family minus any exclusions.

Line 6h: Passbook rate of interest for the project locality.

Line 7g: Amount of additional earnings deductions from a family member's total annual income, if applicable.

Line 6i: Imputed income from assets based on the total dollar value of the asset listed and the Passbook interest rate.

Note: HAs may establish any other adjustments for earned income.

Note: If the total cash value of assets is $5,000 or less, enter 0 (zero).

Line 7h: Total of the dollar amounts listed in column 7e.

Line 7i: Total of the dollar amounts listed in column 7f.

Line 6j: Total amount of household income derived from assets.

Line 7j: Total of the dollar amounts listed in column 7g.

Line 7k: Reserved for future HUD use.

Line 7m: Family's total annual income from all sources, including assets.

8. Expected Income per year

8a. Total annual income. Copy from 7m	$	8a.

If head/spouse/co-head is under 62 and no family member disabled, skip to 8k

8b. Reserved		
8c. Medical/Disability Threshold: 8a X 0.03	$	8c.
8d. Total Unreimbursed Disability Assistance expense (if no disability expenses, skip to 8g)	$	8d.
8d(1). Maximum disability allowance: 8d minus 8cIf positive or zero, put amount	$	8d(1).
	If negative and head/spouse/co-head under 62 **and** head/spouse/co-head not disabled, put 0	$	8d(1).
	If negative and head/spouse/co-head elderly **or** head/spouse/co-head disabled, copy from 8d	$	8d(1).
8e. Earnings in 7d made possible by disability assistance expense	$	8e.
8f. Allowable disability assistance expense: lower of 8d(1) or 8e (If 8d is less than 8c **and** head/spouse/co-head elderly or head/spouse/co-head disabled, copy from 8d(1))	$	8f.
8g. Total out of pocket Medical Expense (if head/spouse/co-head under 62 and head/spouse/co-head not disabled, put 0)	$	8g.
8h. Total disability assistance and medical expenses: 8f + 8g (If no disability expenses, copy from 8g)	$	8h.
8i. Medical/disability assistance allowance:	If no disability assistance expenses **or** if 8d is less than 8c, put 8h minus 8c (if 8h minus 8c is negative, put 0)	$	8i.
	If disability assistance expenses **and** 8d is greater than or equal to 8c, copy from 8h	$	8i.
8j. Elderly/disability allowance (default = $400)	$	8j.
8k. Number of dependents (people under 18, or with disability, or full-time student. Don't count head, spouse, co-head, foster child/adult, or live-in aide)		8k.
8m. Allowance per dependent (default to $480)	$	8m.
8n. Dependent allowance: 8k X 8m	$	8n.
8p. Yearly child care cost that is not reimbursed	$	8p.
8q. Travel cost to work/school (Indian Housing only)	$	8q.
8r. Optional earned income deduction (Public/Indian Housing only) Copy from 7j	$	8r.
8s. Not available for use		
8t. Reserved		
8u. Total Allowances: 8i + 8j + 8n + 8p + 8q + 8r	$	8u.
8v. Adjusted annual income: 8a minus 8u (if 8u is larger, put 0)	$	8v.

9. TTP

9a. Total monthly income: 8a ÷ 12	$	9a.
9b. Reserved		
9c. TTP if based on annual income: 9a X 0.10	$	9c.
9d. Adjusted monthly income: 8v ÷ 12	$	9d.
9e. Reserved		
9f. TTP if based on adjusted annual income: 9d X 0.30	$	9f.
9g. Welfare Rent per month (if none put 0)	$	9g.
9h. Minimum TTP, put 0 if waived	$	9h.
9i. Reserved		
9j. TTP, highest of lines 9c, 9f, 9g, 9h. If OFTO (NA if 2b is on or after 10/1/1999), highest of 9c, 9f, or 9g	$	9j.
9k. Most recent TTP	$	9k.

8.	**Expected Income per year**
Line 8a:	Family's total income from all sources. (Copy from line 7m.)
Line 8b:	Reserved for future HUD use.
Line 8c:	Amount of out of pocket medical and disability expenses the family must pay before the HA can deduct an allowance for such expenses from their income.
Note:	To derive the threshold, calculate 3% (0.03) of the family's total annual income (line 8a).
Line 8d:	Amount of family's out of pocket disability expense that an outside source does not reimburse.
Line 8d(1):	Amount the HA can potentially deduct for the family's disability allowance.
Note:	If the calculation results in a positive number or zero, enter amount.
Note:	If the calculation results in a negative number and the head, spouse, and co-head is under 62 **and** head, spouse, and co-head is not disabled, enter 0 (zero).
Note:	If the calculation results in a negative number and the head, spouse, or co-head is elderly **or** head, spouse, or co-head is disabled, copy from line 8d.
Line 8e:	Earned income made possible by the unreimbursed disability assistance expense that the family incurs.
Line 8f:	Total disability assistance expense amount the family may deduct.
Line 8g:	Total amount of the family's medical expense that an outside source does not reimburse.
Line 8h:	The family's total disability assistance expenses and medical expenses.
Line 8i:	The family's allowance for medical expenses and disability assistance expenses.
Note:	If the family has no disability assistance expenses **or** if the family's unreimbursed disability expense (line 8d) is less than the Medical/Disability Threshold (line 8c), subtract the Medical/Disability Threshold (line 8c) from line 8h. If the calculation results in a negative number, enter 0 (zero).
Note:	If the family has disability assistance expenses **and** the family's unreimbursed disability expense (line 8d) is greater than or equal to the Medical/Disability Thresold (line 8c), copy the amount from line 8h.
Line 8j:	Standard allowance amount if the Head of Household and/or spouse/co-head is elderly and/or disabled.
Note:	The allowance amount may not exceed $400.
Line 8k:	Total number of dependents who live in the household.
Note:	Include all members of the household with relation code Y, E, or A (if disabled).
Line 8m:	Standard allowance amount for each dependent in the household.
Line 8n:	Total dependent allowance.
Line 8p:	Household's total out of pocket child care expense that an outside source does not reimburse.

Line 8q:	Total amount of education or employment travel-related expense.
Line 8r:	Additional earned income deductions, if any. (Copy from line 7j.)
Line 8s:	Not available for use.
Line 8t:	Reserved for future HUD use.
Line 8u:	Total amount of all of the family's allowances.
Line 8v:	The family's adjusted amount of annual income after deducting all allowances.
Note:	If the family's total allowances amount is larger than the family's total annual income, enter 0 (zero).

9.	**TTP**
Line 9a:	Total dollar income amount received on a monthly basis as part of the total annual income.
Line 9b:	Reserved for future HUD use.
Line 9c:	Total rent amount that the HA may require the tenant to pay based on 10% of the family's monthly income.
Line 9d:	Total dollar amount of adjusted income received on a monthly basis.
Line 9e:	Reserved for future HUD use.
Line 9f:	Total rent amount that the HA may require the tenant to pay based on 30% of the family's monthly adjusted income.
Line 9g:	Welfare assistance amount the family receives per month specifically for shelter and utilities, if applicable.
Note:	If no welfare rent, enter 0 (zero).
Line 9h:	The minimum rent amount that the HA may require the tenant to pay.
Note:	If the HA waived the minimum TTP, enter 0 (zero).
Note:	See form HUD-50058 Instruction Booklet for Preservation Certificate and Voucher instructions.
Line 9i:	Reserved for future HUD use.
Line 9j:	Total tenant payment per month the family may be required to pay, based on the highest amount in the lines noted.
Note:	If OFTO and effective date is before 10/1/1999, enter the highest of lines 9c, 9f, or 9g.
Line 9k:	Most recent total tenant payment amount the HA required the family to pay.

10. Public Housing, Indian Rental, and Turnkey III

10a. TTP. Copy from 9j	$	10a.

Rent Calculation. (If prorated rent, skip to 10h)

10b. Ceiling rent, if any	$	10b.
10c. Lower rent: lower of 10a or 10b. (if no ceiling rent, put 10a)	$	10c.
10d. Utility allowance, if any	$	10d.

10e. Tenant rent: 10c minus 10d.	If positive or 0, put tenant rent.		$	10e.
	If negative, credit tenant.	or CR	$	10e.

10f. Reserved
10g. Reserved

Prorated Rent Calculation

10h. Public/Indian Housing maximum rent	$	10h.
10i. Family maximum subsidy: 10h minus 10a	$	10i.
10j. Total number eligible		10j.
10k. Total number in family		10k.
10m. Reserved		
10n. Eligible subsidy: (10i ÷ 10k) X 10j	$	10n.
10p. Mixed family TTP: 10h minus 10n	$	10p.
10q. Reserved		
10r. Utility allowance, if any	$	10r.

10s. Mixed family tenant rent: 10p minus 10r.	If positive or 0, put tenant rent.		$	10s.
	If negative, credit tenant.	or CR	$	10s.

10t. Reserved
10u. Reserved

10.   Public Housing, Indian Rental, and Turnkey III

Line 10a: Total tenant payment per month the HA may require the family to pay. (Copy from line 9j.)

Rent Calculation (If prorated rent, skip to 10h)

Line 10b: Highest rent amount the HA may require the family to pay for a particular unit size.

Line 10c: Amount of the lower rent based on the lesser of the TTP and the ceiling rent.

Note: If ceiling rent is 0 (zero) or there is no ceiling rent, enter the TTP.

Line 10d: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.

Line 10e: Total rent amount the family pays, or the total credit amount the family receives to pay utilities.

Line 10f: Reserved for future HUD use.

Line 10g: Reserved for future HUD use.

Prorated Rent Calculation

Line 10h: Calculated maximum rent based on the TTP that falls at the 95th percentile.

Note: See the form HUD-50058 Instruction Booklet for more Instruction on how to calculate the maximum rent.

Line 10i: Maximum amount of rental subsidy available to the family.

Line 10j: Total number of family members eligible for rental subsidy based on their citizen status.

Note: Eligible family members have citizenship codes in line 3i of: EC, EN, or PV.

Line 10k: Total number of family members in the household.

Note: Include everyone except live-in aides or foster children/ adults. Include ineligible noncitizen family members as part of the total family number.

Line 10m: Reserved for future HUD use.

Line 10n: Total amount of rental subsidy for which the family is eligible.

Line 10p: Total tenant payment for the unit based on the proration calculation.

Line 10q: Reserved for future HUD use.

Line 10r: Monthly allowance amount for tenant supplied utilities if the rental payment does not already include all utilities.

Line 10s: Total rent amount the family pays, or the total credit amount the family receives to pay utilities.

Line 10t: Reserved for future HUD use.

Line 10u: Reserved for future HUD use.

11. Section 8: Pre-merger Certificates only (except owner-occupied manufactured home on rented space/pad)

11a. Number of bedrooms on certificate	11a.
11b. Is family now moving to this unit? Y or N (Must be N if line 2b is on or after 10/1/1999)	11b.
11c. Does the family qualify as a Hard to House family? Y or N	11c.
11d. Portability? Y or N (if no, skip to 11g)	11d.
11e. Cost billed per month (put 0 if absorbed)	$ 11e.
11f. HA Number billed (include 2 letter State code and 3 digit HA number)	11f.

11g. Check all housing types that apply:
- ☐ Over-FMR Tenancy Option (OFTO) (NA if on or after 10/1/1999)
- ☐ IGR: has continual supportive services (prorate gross rent)
- ☐ Mod Rehab funding used for certificates
- ☐ Project-based certificate program unit
- ☐ SRO: 1 room occupied by 1 person

11h. Owner name 11h.	
11i. Owner TIN/SSN	11i.
11j. FMR or exception rent (only for new admission or move, OFTO, or Preservation Certificate) (NA if line 2b is on or after 10/1/1999)	$ 11j.
11k. Contract rent to owner (if unit has other subsidy, put subsidized rent)	$ 11k.
11m. Utility allowance, if any	$ 11m.
11n. Gross rent of unit: 11k + 11m	$ 11n.
11p. Reserved	
11q. TTP. Copy from 9j	$ 11q.

If OFTO and not prorated rent, complete 11r only. If OFTO and prorated rent, complete 11ae, 11af, 11ag, 11ah, and 11ai.

Rent Calculation (If prorated rent, skip to 11aa)

11r. Total HAP: 11n minus 11q. If 11q is larger, put 0 (if OFTO, see Instruction Booklet)	$ 11r.	
11s. Tenant rent: 11k minus 11r.	If positive or 0, put tenant rent.	$ 11s.
	If negative, credit tenant. or CR	$ 11s.
11t. HAP to owner: lower of 11k or 11r		$ 11t.

Prorated Rent Calculation

11aa. Normal total HAP: 11n minus 11q. Skip to 11ae	$ 11aa.	
Reserved		
Reserved		
Reserved		
11ae. Total number eligible	11ae.	
11af. Total number in family	11af.	
11ag. Proration percentage: 11ae ÷ 11af	11ag.	
11ah. Prorated total HAP: If Regular tenancy: 11aa X 11ag. (If OFTO, see Instruction Booklet)	$ 11ah.	
11ai. Mixed family TTP: 11n minus 11ah	$ 11ai.	
11aj. Utility allowance. Copy from 11m	$ 11aj.	
11ak. Mixed family tenant rent: 11ai minus 11aj	If positive or 0, put tenant rent.	$ 11ak.
	If negative, credit tenant. or CR	$ 11ak.
11am. Reserved		
11an. Prorated HAP to owner: 11k minus 11ak (if 11ak is negative, put 11k)		$ 11an.

11.	**Section 8: Pre-merger Certificates only (except owner-occupied manufactured home or rented space/pad)**

Line 11a: Unit size (number of bedrooms) listed on the rental certificate.

Note: Enter 0 (zero) for an efficiency or SRO unit and for assistance under the project-based certificate program.

Line 11b: Indicate whether or not the family moved or will move into the unit. (If the effective date of action is on or after October 1, 1999 must be No.)

Line 11c: Indicate whether or not the family qualifies as Hard to House.

Note: A family qualifies as Hard to House if there are three or more minors **and** the family is moving to a different unit.

Line 11d: Indicate whether or not the household moved or will move into the HA's jurisdiction under portability.

Line 11e: Monthly amount billed to the initial HA for the family's HAP amount, on-going administrative fee, and any utility reimbursement to the family.

Note: If absorbed by the receiving HA, enter 0 (zero).

Line 11f: The initial HA's 2-letter state code and 3-digit identification number.

Note: The receiving HA must obtain this number.

Line 11g: Housing type(s) that applies to the family's housing unit.

Line 11h: The Section 8 unit owner's legal name.

Line 11i: Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.

Line 11j: The Fair Market Rent (FMR) or the approved exception rent that applies to the unit size and locality. (If the effective date of action is on or after October 1, 1999 must be blank.)

Note: See form HUD-50058 Instruction Booklet for preservation certificate, shared housing, and independent group residence (IGR) instructions.

Line 11k: Total monthly rent amount paid to the unit owner under the lease, or other subsidized rent amount.

Line 11m: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.

Note: For shared housing and independent group residence (IGR) housing, enter only the family's prorated portion of the unit's utility allowance.

Line 11n: The unit's total monthly rent amount. Include any utility allowance provided to the tenant for the unit.

Line 11p: Reserved for future HUD use.

Line 11q: Total tenant payment per month the HA may require the family to pay. (Copy from line 9j.)

Rent Calculation (If prorated rent, skip to 11aa)

Line 11r: Total housing assistance payment (HAP) amount.

Note: If OFTO, see the form HUD-50058 Instruction Booklet.

Line 11s: Total rent amount the family pays to the owner, or the total credit amount the family receives to pay utilities.

Line 11t: Amount of the housing assistance payment to the unit owner.

Prorated Rent Calculation

Line 11aa: Amount of the normal total housing assistance payment.

Note: If OFTO, leave blank.

Line 11ab: Reserved for future HUD use.

Line 11ac: Reserved for future HUD use.

Line 11ad: Reserved for future HUD use.

Line 11ae: Total number of family members eligible for rental subsidy based on their citizen status.

Note: Eligible family members have citizenship codes in line 3i of: EC, EN, or PV.

Line 11af: Total number of family members in the household.

Note: Include everyone except live-in aides or foster children/adults. Include ineligible noncitizen family members as part of the total family number.

Line 11ag: Percent of the family eligible for rental subsidy based on the total number eligible and the total number in family.

Note: A family with ineligible family members is only eligible for a percent of the rental subsidy.

Line 11ah: Total prorated housing assistance payment amount.

Note: If OFTO, see the form HUD-50058 Instruction Booklet.

Line 11ai: Total tenant payment for the unit based on the proration calculation.

Line 11aj: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities. (Copy from line 11m.)

Note: For shared housing, enter only the family's prorated portion of the unit's utility allowance.

Line 11ak: Total rent amount the family pays to the owner, or the total credit amount the family receives to pay utilities.

Line 11am: Reserved for future HUD use.

Line 11an: Total prorated housing assistance payment amount to the unit owner.

Note: If the prorated tenant rent is negative, enter the contract rent to owner.

12. Section 8: Vouchers

12a. Number of bedrooms on voucher		12a.
12b. Is family now moving to this unit? Y or N		12b.
12c. Does the family qualify as a Hard to House family? Y or N (Must be N if line 12aj is MHS)		12c.
12d. Portability? Y or N (if no, skip to 12g)		12d.
12e. Cost billed per month (put 0 if absorbed)	$	12e.
12f. HA No. billed (include 2 letter State code and 3 digit HA number)		12f.

12g. Check all housing types that apply:

☐ SRO: 1 room occupied by 1 person   ☐ IGR: has continual supportive services (prorate gross rent)

12h. Owner name		12h.
12i. Owner TIN/SSN		12i.
12j. Voucher payment standard (for new leases, enter lower of payment standard or gross rent)	$	12j.
12k. TTP. Copy from 9j	$	12k.
12m. Maximum subsidy: 12j minus 12k (if 12k is larger, put 0)	$	12m.
12n. Utility allowance, if any	$	12n.
12p. Rent to owner	$	12p.
12q. Gross rent of unit: 12n + 12p	$	12q.
12r. Gross rent less maximum subsidy: 12q minus 12m	$	12r.
12s. Reserved		

Rent Calculation (If prorated rent, skip to 12ab)

12t. Total family contribution. Copy from 12r	$	12t.
12u. Gross rent less contribution: 12q minus 12t	$	12u.
12v. Total voucher subsidy: lower of 12m or 12u	$	12v.
12w. HAP to owner: lower of 12p or 12v	$	12w.
12x. Family rent to owner: 12p minus 12w	$	12x.
12y. Utility reimbursement to family: 12v minus 12w	$	12y.

Prorated Rent Calculation

12aa. Reserved		
12ab. Normal total HAP. Copy from 12m	$	12ab.
12ac. Total number eligible		12ac.
12ad. Total number in family		12ad.
12ae. Proration percentage: 12ac ÷ 12ad		12ae.
12af. Prorated total HAP: 12ab X 12ae	$	12af.
12ag. Mixed family total family contribution: 12q minus 12af	$	12ag.
12ah. Utility allowance. Copy from 12n	$	12ah.
12ai. Mixed family tenant rent: 12ag minus 12ah	If positive or 0, put tenant rent.	$ ____ 12ai.
	If negative, credit tenant. or CR	$ 12ai.
12aj. If manufactured homeowner leasing the space, enter MHS		12aj.
12ak. Prorated HAP to owner: 12p minus 12ai (if 12ai is negative, put 12p)	$	12ak.

12.	**Section 8: Vouchers**	Line 12r:	Monthly rent amount the family pays to the owner.

12.	**Section 8: Vouchers**
Line 12a:	Unit size (number of bedrooms) listed on the rental voucher.
Note:	Enter 0 (zero) for an efficiency or SRO (Single Room Occupancy) unit.
Line 12b:	Indicate whether or not the family will move or moved into the unit.
Line 12c:	Indicate whether or not the family qualifies as Hard to House. (Must be No if line 12aj is MHS.)
Note:	A family qualifies as Hard to House if there are three or more minors **and** the family is moving to a different unit.
Line 12d:	Indicate whether or not the household will move or has moved into the HA's jurisdiction under portability.
Line 12e:	Monthly amount billed to the initial HA for the family's HAP amount, on-going administrative fee, and any utility reimbursement to the family.
Note:	If absorbed by the receiving HA, enter 0 (zero).
Line 12f:	The initial HA's 2-letter state code and 3-digit identification number.
Note:	The receiving HA must obtain this number.
Line 12g:	Housing type(s) that applies to the family's housing unit.
Line 12h:	The Section 8 unit owner's legal name.
Line 12i:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.
Line 12j:	Enter the lower of the payment standard for the unit size as indicated on the family's voucher or the payment standard for the unit size that the family actually rents. For new leases, enter lower of payment standard or gross rent.
Note:	If the family leases a unit under Section 236 or a Rural Housing Administration Section 515 project, enter the lower of the payment standard or the basic rent for the unit plus the utility allowance.
Note:	See the form HUD-50058 Instruction Booklet for preservation voucher, shared housing, and independent group residence (IGR) instructions.
Line 12k:	Total tenant payment per month. (Copy from line 9j.)
Line 12m:	Maximum amount potentially available to the family for rental assistance under the voucher program.
Note:	If the TTP is larger than the voucher payment standard, enter 0 (zero).
Line 12n:	Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.
Note:	For shared housing and Independent Group Residence (IGR), enter only the family's prorated portion of the unit's utility allowance.
Line 12p:	Total monthly rent amount paid to the unit owner under the lease for the contract unit.
Line 12q:	The unit's total monthly rent amount. Include any utility allowance provided to the tenant for the unit.

Line 12r:	Monthly rent amount the family pays to the owner.
Line 12s:	Reserved for future HUD use.
Rent Calculation (If prorated rent, skip to line 12ab)	
Line 12t:	Total amount the family contributes toward rent and utilities. (Copy from line 12r.)
Line 12u:	Monthly amount potentially owed to the unit owner by the HA.
Line 12v:	Total amount of the voucher subsidy.
Line 12w:	Amount of the housing assistance payment to the unit.
Line 12x:	Total rent amount the family pays to the owner.
Line 12y:	Amount of utility reimbursement to the family from the HA.
Prorated Rent Calculation	
Line 12aa:	Reserved for future HUD use.
Line 12ab:	Amount of the normal total housing assistance payment. (Copy from line 12m.)
Line 12ac:	Total number of family members eligible for rental subsidy based on their citizen status.
Note:	Eligible family members have citizenship codes in line 3i of: EC, EN, or PV.
Line 12ad:	Total number of family members in the household.
Note:	Include everyone except live-in aides or foster children/ adults. Include ineligible noncitizen family members as part of the total family number.
Line 12ae:	Percent of the family eligible for rental subsidy based on the total number eligible and the total number in family.
Note:	A family with ineligible family members is only eligible for a percent of the rental subsidy.
Line 12af:	Total prorated housing assistance payment amount.
Line 12ag:	Total family contribution toward the unit based on the proration calculation.
Line 12ah:	Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities. (Copy from line 12n.)
Note:	For shared housing, enter only the family's prorated portion of the unit's utility allowance.
Line 12ai:	Total rent amount the family pays to the owner, or the total credit amount the family receives to pay utilities.
Line 12aj:	If manufactured homeowner renting the space, enter MHS.
Line 12ak:	Total prorated housing assistance payment amount to the unit owner.
Note:	If the mixed family tenant rent is negative, enter the rent to owner.

13. Section 8: Mod Rehab (except converted to Certificate)

13a. HAP contract number ▢▢ --- ▢▢▢ --- ▢ **R** ▢▢▢▢ --- ▢▢▢▢			13a.
13b. Mod Rehab SRO Program for homeless? Y or N			13b.
13c. Mod Rehab SRO unit (**Not** homeless program) Y or N			13c.
13d. Owner name			13d.
13e. Owner TIN/SSN			13e.
13f. Current base rent	$	13f.	
13g. Rehabilitation debt service	$	13g.	
13h. Contract rent to owner: 13f + 13g			$ 13h.
13i. Utility allowance, if any	$	13i.	
13j. TTP. Copy from 9j	$	13j.	

Rent Calculation. (If prorated rent, skip to 13p)

13k. Tenant rent: 13j minus 13i. (If 13j is greater than 13h + 13i, put 13h)	If positive or 0, put tenant rent.		$ _ _ _ _ _ _	13k.
	If negative, credit tenant.	or CR	$	13k.
13m. HAP to owner: 13h minus 13k (if 13k is negative, put 13h)			$	13m.
13n. Reserved				

Prorated Rent Calculation

13p. Gross rent: 13h + 13i	$	13p.	
13q. Normal total HAP: 13p minus 13j	$	13q.	
13r. Total number eligible		13r.	
13s. Total number in family		13s.	
13t. Proration percentage: 13r ÷ 13s		13t.	
13u. Prorated total HAP: 13q X 13t	$	13u.	
13v. Mixed family TTP: 13p minus 13u	$	13v.	
13w. Utility allowance. Copy from 13i	$	13w.	

13x. Mixed family tenant rent: 13v minus 13w	If positive or 0, put tenant rent.		$ _ _ _ _ _	13x.
	If negative, credit tenant.	or CR	$	13x.
13y. Reserved				
13z. Prorated HAP to owner: 13h minus 13x (if 13x is negative, put 13h)			$	13z.

13. Section 8: Mod Rehab (except converted to Certificate)

Line 13a: The Housing Assistance Payment (HAP) contract number. Include the sequence number for each HAP contract.

Note: See the form HUD-50058 Instruction Booklet for a detailed breakdown of the contract number.

Line 13b: Indicate whether or not the family's unit is in a Single-Room Occupancy (SRO) project under the SRO Program for Homeless Individuals.

Line 13c: Indicate whether or not the family's unit is an SRO unit, but not under the SRO Program for Homeless Individuals.

Line 13d: The Section 8 unit owner's legal name.

Line 13e: Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.

Line 13f: The current base rent for the unit that reflects the most recent rent adjustment.

Line 13g: The owner's current monthly rehabilitation debt service payments for the unit.

Note: If the owner paid off the rehabilitation loan, enter 0 (zero) here.

Line 13h: Total monthly rent amount paid to the Mod Rehab unit owner under the lease.

Line 13i: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.

Line 13j: Total tenant payment per month the HA may require the family to pay. (Copy from line 9j.)

Rent Calculation (If prorated rent, skip to 13p)

Line 13k: Total rent amount the family pays to the owner, or the total credit amount the family receives to pay utilities.

Line 13m: Total housing assistance payment amount the HA pays to the unit owner.

Note: If the tenant rent is negative, enter the contract rent to owner.

Line 13n: Reserved for future HUD use.

Prorated Rent Calculation

Line 13p: The unit's total monthly rent amount. Include any utility allowance provided to the tenant for the unit.

Line 13q: Amount of the normal total housing assistance payment.

Line 13r: Total number of family members eligible for rental subsidy based on their citizen status.

Note: Eligible family members have citizenship codes in line 3i of: EC, EN, or PV.

Line 13s: Total number of family members in the household.

Note: Include everyone except live-in aides or foster children/adults. Include ineligible noncitizen family members as part of the total family number.

Line 13t: Percent of the family eligible for rental subsidy based on the total number eligible and the total number in family.

Note: A family with ineligible family members is only eligible for a percent of the rental subsidy.

Line 13u: Total prorated housing assistance payment amount.

Line 13v: Total tenant payment for the unit based on the proration calculation.

Line 13w: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities. (Copy from line 13i.)

Line 13x: Total rent amount the family pays to the owner, or the total credit amount the family receives to pay utilities.

Line 13y: Reserved for future HUD use.

Line 13z: Total prorated housing assistance payment amount to the unit owner.

Note: If the mixed family tenant rent is negative, enter the contract rent to owner.

14. Manufactured Home Owner Renting the Space (pre-merger Certificates only)

14a. Number of bedrooms on certificate	14a.
14b. Is family now moving to this space? Y or N (Must be N if line 2b is on or after 10/1/1999)	14b.
14c. Portability? Y or N (if no, skip to 14f)	14c.
14d. Cost billed per month (put 0 if absorbed)	$ 14d.
14e. HA No. billed (include 2 letter State code and 3 digit HA number)	14e.
14f. Check if Over-FMR Tenancy Option (OFTO): (NA if line 2b is on or after 10/1/1999) ☐	
14g. Space Owner name	14g.
14h. Space Owner TIN/SSN	14h.
14i. FMR, fill if: Voucher, OFTO, New admission, or Move (NA if line 2b is on or after 10/1/1999)	$ 14i.
14j. Furniture included in purchase price? Y or N	14j.
14k. Monthly amortization payment	$ 14k.
14m. Deduction: if 14j = Y, 14k X 0.15. If 14j = N, put 0	$ 14m.
14n. Adjusted amortization: 14k minus 14m	$ 14n.
14p. Utility allowance, if any	$ 14p.
14q. Rent to owner (space rent)	$ 14q.
14r. Gross rent: 14n + 14p + 14q	$ 14r.
14s. TTP. Copy from 9j	$ 14s.
14t. Gross rent minus TTP: 14r minus 14s	$ 14t.
14u. Reserved	
14v. HAP to owner (see Instruction Booklet)	$ 14v.

Rent Calculation. (If prorated rent, skip to 14aa)

14w. Tenant rent: 14q minus 14v	$ 14w.
14x. Reserved	

Prorated Rent Calculation

14aa. Total number eligible	14aa.
14ab. Total number in family	14ab.
14ac. Proration percentage: 14aa ÷ 14ab	14ac.
14ad. Prorated HAP to owner: 14v X 14ac	$ 14ad.
14ae. Mixed family TTP: 14r minus 14ad	$ 14ae.
14af. Reserved	
14ag. Mixed family tenant rent: 14q minus 14ad	$ 14ag.

14. Manufactured Home Owner Renting the Space (Pre-merger Certificates only)

Line 14a: Unit size (number of bedrooms) listed on the rental certificate.

Line 14b: Indicate whether or not the family moved or will move into the space identified. (If the effective date of action is on or after October 1, 1999, must be No.)

Line 14c: Indicate whether or not the household moved or will move into the HA's jurisdiction under portability.

Line 14d: Monthly amount billed to the initial HA for the family's HAP amount, on-going administrative fee, and any utility reimbursement to the family.

Note: If absorbed by the receiving HA, enter 0 (zero).

Line 14e: The initial HA's 2-letter State code and 3-digit identification number.

Note: The receiving HA must obtain this number.

Line 14f: Indicate if the family resides in OFTO housing. (If the effective date of action is on or after October 1, 1999, must be blank.)

Line 14g: The space owner's legal name.

Line 14h: Tax identification number (TIN) or Social Security Number (SSN) of the legal space owner.

Line 14i: Indicate the Fair Market Rent (FMR) for the space. (If the effective date of action is on or after October 1, 1999, must be blank.)

Line 14j: Indicate whether or not the manufactured home's purchase price included the cost of furniture.

Line 14k: Amount paid monthly for principle and interest to amortize the manufactured home's purchase price.

Note: If there is no monthly amortization payment, enter 0 (zero) here.

Line 14m: Deduction amount for furniture cost from the monthly amortization payment.

Note: Reduce the monthly amortization payment by 15% to exclude the cost of furniture if the manufactured home's purchase price **included** furniture. If the purchase price did **not** include furniture, enter 0 (zero) here.

Line 14n: Adjusted monthly amortization payment.

Line 14p: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.

Line 14q: Total monthly rent amount paid to the space owner under the lease.

Line 14r: The space's total monthly rent amount. Include any adjusted amortization payment, utility allowance, and rent to owner.

Line 14s: Total tenant payment per month the HA may require the family to pay. (Copy from line 9j.)

Line 14t: The total tenant payment subtracted from the gross rent.

Line 14u: Reserved for future HUD use.

Line 14v: Amount of the housing assistance payment to the space owner.

Note: See the form HUD-50058 Instruction Booklet for the calculations to perform.

Rent Calculation (If prorated rent, skip to 14aa)

Line 14w: Total rent amount the family pays to the owner

Line 14x: Reserved for future HUD use.

Prorated Rent Calculation

Line 14aa: Total number of family members eligible for rental subsidy based on their citizen status.

Note: Eligible family members have citizenship codes in line 3i of: EC, EN, or PV.

Line 14ab: Total number of family members in the household.

Note: Include everyone except live-in aides or foster children/adults. Include ineligible noncitizen family members as part of the total family number.

Line 14ac: Percent of the family eligible for rental subsidy based on the total number eligible and the total number in family.

Note: A family with ineligible family members is only eligible for a percent of the rental subsidy.

Line 14ad: Total prorated housing assistance payment amount.

Line 14ae: Mixed family total tenant payment for the space based on the proration calculation.

Line 14af: Reserved for future HUD use.

Line 14ag: Total rent amount the family pays to the owner.

15. Indian Mutual Help

15a. Adjusted Monthly income. Copy from 9d	$	15a.
15b. Number between 0.15 and 0.30 corresponding to the % in the mutual help agreement.		15b.
15c. Gross family cost: 15a X 15b	$	15c.
15d. Utility allowance, if any	$	15d.
15e. Net cost: 15c minus 15d (if 15d is larger, put 0)	$	15e.
15f. Administration charge	$	15f.
15g. Maximum monthly payment in agreement, if any.(usually 15f + monthly debt service)	$	15g.
15h. Family cost: higher of 15e and 15f, but not greater than 15g.	$	15h.

15.	Indian Mutual Help
Line 15a:	Total dollar amount of adjusted income received on a monthly basis. (Copy from line 9d.)
Line 15b:	The Mutual Help and Occupancy Agreement (MHOA) percentage, as indicated in the Mutual Help agreement.
Note:	Use a decimal between 0.15 and 0.30.
Line 15c:	Total amount of the family's cost.
Line 15d:	Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.
Line 15e:	Amount of the family's net cost.
Note:	If the utility allowance is greater than the gross family cost, enter 0 (zero).
Line 15f:	Amount of the Indian Housing Authority's (IHA) pre-set administration charge.
Line 15g:	Amount of the IHA's established Maximum Monthly Payment Schedule, if any.
Note:	The maximum is usually the total of the administration charge and any debt service payments shown on the homebuyer's purchase price schedule.
Line 15h:	The higher amount of either the family's net cost or the administration charge.
Note:	If this amount exceeds the maximum monthly payment in the agreement, enter the maximum monthly payment.

Head of Household Name	Social Security Number	Date modified(mm/dd/yyyy)

Family Self-Sufficiency Addendum

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

16a. FSS Report Category (check one)　☐ Enrollment Report　☐ Progress Report　☐ Exit Report

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16b. Family Information

(1) Answer this question only if this is an FSS Enrollment Report. Did the Family receive selection preference because of related service program participation?　☐ JTPA　☐ Other　☐ None

(2) Current Employment Status of Head of Household. Check the box to indicate the head of household's employment status at the time this FSS Addendum is being completed.　☐ Full Time (32 hours per week or more)　☐ Part-time　☐ Not Employed

(3) Years of School Completed by the Head of Household. Enter the highest grade of education or years of formal schooling the head of household completed. (0 - 25)　[＿＿] 16b(3)

(4) Assistance received by the Family. (Note that a household that no longer receives welfare such as TANF or SSI may receive Medicaid coverage for one year.)　Food Stamps?　☐ Yes　☐ No　Medicaid?　☐ Yes ☐ No

(5) Is the Family currently receiving services from JTPA?
☐ Yes　☐ No

16c. FSS Services

(1) Initial Start Date of Contract of Participation: (mm/yyyy)	16c(1)
(2) Initial End Date of Contract of Participation: (mm/yyyy)	16c(2)
(3) Contract Date Extended to: (mm/yyyy) (If applicable)	16c(3)
(4) Number of Family Members with Individual Training & Services Plan	16c(4)

16d. FSS Account Information

(1) Current FSS Account Monthly Credit	$　16d(1)
(2) Current FSS Account Balance	$　16d(2)
(3) FSS Account Amount Disbursed to the Family	$　16d(3)

16e. Family Services Table

	(a) Contract Identified Service Needs (Y/N)	(b) Needs Met Through FSS (Y/N)	(c) Needs Met by Others (Y/N)
Education/Training			
GED			
High School			
Post Secondary			
Vocational/Job Training			
Job Search/Job Placement			
Transportation			
Health Services			
Child Care (Record number of children)			

16f. Exit Information (Complete only for FSS Exit Report)

(1) Did family complete Contract of Participation?　☐ Yes ☐ No

(2) If (1) is Yes, did family move to homeownership?　☐ Yes ☐ No

(3) If (1) is No, reason for exit:

☐ Left voluntarily　　　☐ Left because essential service was unavailable

☐ Asked to leave program　　　☐ Contract expired but family did not fulfill obligations

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FSS:	Family Self Sufficiency Addendum

Line 16a: Indicate the purpose for which the form is completed: new FSS enrollment, update to a family's FSS status, or an exit from the FSS program.

Line 16b: Family Information

(1) Indicate if the family received selection preference because of their participation in a related service program.

(2) Indicate the Head of Household's current employment status.

(3) Enter the highest grade or the full years of formal schooling that the Head of Household completed.

(4) Indicate whether or not the family receives additional assistance, such as Food Stamps or Medicaid assistance.

(5) Indicate whether or not the family receives some kind of assisted service from the Job Training Partnership Act (JTPA).

Line 16c: FSS Services

(1) Effective date of the family's FSS Contract of Participation.

Note: Include all four digits of the year.

(2) Expiration date of the family's FSS Contract of Participation.

(3) Date to which the HA has extended the family's FSS Contract of Participation, if applicable.

(4) Number of family members in the household who have current individual Training and Services Plans under the FSS Contract of Participation.

Line 16d: FSS Account Information

(1) Current amount credited to the family's FSS account due to increases in earned income by the family.

Note: If the family does not make contributions, enter 0 (zero).

(2) Current amount of the family's FSS account based on the most recent reporting of account funds and activity.

Note: If an FSS account has not yet been established for the family, enter 0 (zero).

(3) Total amount, if any, of all FSS escrow disbursements ever made to the family.

Note: If no funds were disbursed, enter 0 (zero).

Line 16e: Family Services Table

Note: See the form HUD-50058 Instruction Booklet for a detailed description of each service listed in the table.

(a) Indicate whether or not the Contract of Participation identified individual training and service needs of family members.

Note: Under the Child Care service listing, record the number of children who need care.

(b) Indicate whether or not the FSS program met needs or services identified in the Contract.

Note: Under the Child Care service listing, record the number of children who need care.

(c) Indicate whether or not the FSS program arranged to meet the needs identified in the Contract.

Note: Under the Child Care service listing, record the number of children who need care.

Line 16f: Exit Information (Complete only for FSS Exit Report)

(1) Indicate whether or not the family completed the Contract of Participation.

(2) Indicate whether or not the family is moving to homeownership.

(3) If the family did not complete the Contract of Participation, indicate the reason for their exit from the program.